

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49E004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 10/07/2015 |
| NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {K 000} | <p>INITIAL COMMENTS</p> <p>Description of structure: One story building of Type V(111) construction. There are four wings separated by fire walls used for smoke compartmentation. A-Wing is 12,054 sq.ft. and houses 30 residents; B-Wing is 11,040 sq.ft. and houses 30 residents; C-Wing is 12,054 sq.ft. and houses 30 residents; D-Wing is the Administration Wing which houses no patient sleeping rooms, however, this wing contains a physical therapy room and the beauty shop utilized by patients. The Administration Wing also contains the laundry room, boiler room, and kitchen. There is one hour separation at the ceiling, in the corridors and between patient rooms.</p> <p>Sprinkler status: The building is fully sprinklered with an NFPA 13 system.</p> <p>An unannounced revisit to the Life Safety Code survey conducted on 08/27/2015 was conducted on 10/07/15, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC New 2000 regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B.</p> | {K 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.